TICKET RESELLERS LICENSE

Description

No person shall engage in the business of reselling any ticket or tickets of admission or other evidence of right of entry to any theatrical exhibition, public show or public amusement or exhibition without being licensed therefor by the Commissioner of Public Safety.

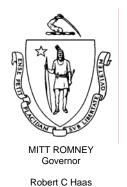
Personal

Must complete Ticket Reseller Application
Must submit to a criminal records check
A business certificate from the city or town where the business is located.
You must provide affidavits or recommendations from two reputable
Massachusetts citizens verifying the reputation of the applicant
Applicant will be notified of additional requirements after application is received.
Fees

License is \$250.00 (Yearly)

Agency

Commonwealth of Massachusetts Department of Public Safety One Ashburton Place, Room 1301 Boston, MA 02108 (617) 727-3200 ext. 25230



The Commonwealth of Massachusetts Department of Public Safety One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200 Fax (617) 727-5732

Secretary
THOMAS G GATZUNIS P.E.
Commissioner

APPLICATION FEES ARE NON-REFUNDABLE

Ticket Reseller fee \$250.00 (Yearly)

Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.

Applicant Information:			Date:	
Name				
Residence				
(Street/Number)	(City/Town)	(Zip Code)	(Telephone No.)	
Business Name				
Business Address				
(Street/Number)	(City/Town)	(Zip Code)	(Telephone No.)	
Date of Birth	Soc	ial Security Number		
Mother's Full Maiden Name				
Father's Full True Name				
Please Complete the Follow	ing:			
Have you registered your bu	siness name in accord	lance with C 110, S.5, M	ass General Laws?	
Are you engaged in represer address of any such individu	0 0	· · · · · · · · · · · · · · · · · · ·	If so, give name and	
I certify under the penalties taxes (chapter 62C, S.49A)	of perjury that I have	complied with all laws of	f the Commonwealth relating to	
Signature of Individual or C	orporate Name (Corporate Officer (if appl	icable)	
Social Security Number of I		Federal Identification Nu	mber	



Robert C Haas Secretary

THOMAS G GATZUNIS P.E. Commissioner

The Commonwealth of Massachusetts Department of Public Safety One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200 Fax (617) 727-5732

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CORI REQUEST FORM

by the Criminal History Sy As an applicant for the pos criminal record check will	stems Board for access to conviction of be conducted for conviction and	gulated Activities has been certified ction and pending criminal case data, I understand that a pending criminal case information ormation below is correct to the best	
APPLICANT SIG	NATURE	DATE	
API	PLICANT INFORMATION (PL	EASE PRINT)	
LAST NAME	FIRST NAME	MIDDLE NAME	
MAIDEN NAME OR ALI	AS (IF APPLICABLE)		
DATE OF BIRTH	SOCIAL SECURITY NUMBER(Requested but not required)		
ADDRESS:			
REQUESTED BY:			
	SIGNATURE OF CORI AUT	ΓHORIZED EMPLOYEE	